### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Human Rights Campaign Equality Votes	C C00508440				
	0 00000110				
Check if 24-hour report X 48-hour report New report X Amends report filed	on 07 / 18 / 2016				
Full Name of Payee Digital Surgeons	Date of Public Distribution/Dissemination				
	07 18 2016				
Mailing Address 1175 State St Ste 219	Amount				
City State Zip Code	1750.00				
New Haven CT 06511	Transaction ID : D630019 Date of Disbursement or Obligation				
Purpose of Expenditure Website content development  Category/ Type	07 / 18 / 2016				
Name of Federal Candidate Support Office	Sought: House District: 00				
Donald J. Trump Oppose	President Senate State:				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	orsement For: Primary ⊠ General  Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
Left Hand Strategies	07 18 2016				
Mailing Address 477 Bergen Street #3					
	Amount				
City State Zip Code	3384.00				
Brooklyn NY 11217	Transaction ID : D630020  Date of Disbursement or Obligation				
Purpose of Expenditure Email development  Category/ Type	07 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office	e Sought: House District: 00				
Hillary Rodham Clinton Oppose	President Senate State:				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For: Primary ⊠ General  Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	5134.00				
(b) CURTOTAL of Uniterpired Independent Europeditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. James Rinefierd	M / D D / Y Y Y Y Y				
Signature [Electronically Filed] Date 0	7 20 2016				

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F24A Transaction ID:

Amending report FEC-1088148; updating expense after receipt of completed invoices and correcting Support/Oppose

Form/Schedule: Transaction ID:

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Н	luman Rights Campaign Equality Votes	C C00508440		
Ch	eck if 24-hour report X 48-hour report New report X Amends report filed	on 07 / 18 / 2016		
	Full Name of Payee	Date of Public Distribution/Dissemination		
	Bully Pulpit Interactive LLC	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 1140 Connecticut Ave NW Ste 800			
	City State Zip Code	3000.00		
	Washington DC 20036	Transaction ID : D630021 Date of Disbursement or Obligation		
	Purpose of Expenditure Online advertising  Category/ Type	07 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate Support Office	Sought: House District: 00		
	Donald I Trump	President Senate State:		
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	rsement For: Primary		
	Full Name of Payer			
	Full Name of Payee Human Rights Campaign	Date of Public Distribution/Dissemination  07 18 2016		
	Mailing Address 1640 Rhode Island Ave NW	07 18 2016 Amount		
	City State Zip Code	772.78		
	Washington DC 20036	Transaction ID : D630022		
	Purpose of Expenditure Staff time - online advocacy  Category/ Type	Date of Disbursement or Obligation  MO7		
	Name of Federal Candidate Support Office	e Sought: House District: 00		
	Lillary Dayllary Olivia	President Senate State:		
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2016	orsement For:		
	(a) SUBTOTAL of Itemized Independent Expenditures	3772.78		
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Mr. James Rinefierd  [Electronically Filed] Date 0	7 20 2016		
	Signature			

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# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

				FOR SE OF FORM 24/48		
	E OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	▼	
Hu	man Rights Campaign Equality Votes			C C00508440		
Chec	k if 24-hour report X 48-hour report New report	X Amends re	port filed on	07 18 2016		
	ull Name of Payee		Date of	of Public Distribution/Dissemination		
	Human Rights Campaign	М	07 18 2016			
N	Mailing Address 1640 Rhode Island Ave NW			Amount		
C	State Zip C	Code		600.00	٦	
	Washington DC 2003			saction ID : D630024 of Disbursement or Obligation		
	Purpose of Expenditure Website videos  Cat	tegory/ Type		07 18 2016	Y	
N	lame of Federal Candidate	Support	Office Sough	nt: House District: 00		
	Donald J. Trump	X Oppose	X Preside			
	Calendar Year-To-Date Per Election for Office Sought 15	5213.86	Disbursemen 2016	nt For: Primary ⊠ Genera	al	
-	Full Name of Payee				_	
	Left Hand Strategies		Date	of Public Distribution/Dissemination  07 18 2016	Υ	
N	Mailing Address 477 Bergen Street #3		Amou	حنندا لنا لن		
	Dity State Zip (	Code		3384.00	٦	
-	Brooklyn NY 112			action ID : D630032 of Disbursement or Obligation	_	
	Purpose of Expenditure Email development  Cat	tegory/ Type		07   18   2016	Υ	
N	lame of Federal Candidate	Support	Office Sough	nt: House District: 00		
	Donald J. Trump	X Oppose	X Preside			
	Calendar Year-To-Date Per Election for Office Sought	5213.86	Disbursemen 2016	nt For: Primary X Gener Other (specify) ►	al —	
(a)	SUBTOTAL of Itemized Independent Expenditures			3984.00		
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c)	TOTAL Independent Expenditures		···· <b>&gt;</b>	7 1 7 1 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Mr. James Rinefierd [Electronically	Filed] Da	ite 07	20 2016		
	Signature					

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# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Human Rights Campaign Equality Votes    C		include Ly	FOR SE OF FORM 24/48				
Check if		NAME OF COMMITTEE (In Full)    Human Pinks Committee (In Full)					
Put Name of Payse   Date of Public Distribution/Dissemination   Put Name of Payse   Date of Public Distribution/Dissemination   Date of Disbursement or Obligation   Date of Date of Disbursement or Obligation   Date of Disbursement   Date of Disburs	П	iuman Rights Campaign Equality votes	C C00508440				
Human Rights Campaign  Mailing Address 1640 Rhode Island Ave NW  City State Zip Code 20036  Purpose of Expenditure Staff time - online advocacy Name of Federal Candidate Donald J. Trump  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code  Date of Disbursement or Obligation  Disbursement For: Primary Ceneral Cotter (specify)  Full Name of Payee  Date of Disbursement or Obligation  Mailing Address  Amount  City State Zip Code  Date of Disbursement or Obligation  Transaction ID: 20230.88  T	Ch	eck if 24-hour report X 48-hour report New report X Amends report file	d on 07 18 2016				
Mailing Address 1640 Rhode Island Ave NW  City State Zip Code Washington DC 20036  Purpose of Expenditure Staff time - online advocacy Type Office Sought   House District   Disbursement or Obligation    Calendar Year-To-Date Per Election for Office Sought   State Zip Code    Purpose of Expenditure   Date of Disbursement or Obligation    Mailing Address   Disbursement For: Primary General    City State Zip Code   Date of Public Distribution/Dissemination    Mailing Address   Disbursement For: Primary General    City State Zip Code   Date of Public Distribution/Dissemination    Mailing Address   Disbursement or Obligation    Mailing Address   Date of Disbursement or Obligation    Mailing Address   Date of Public Distribution/Dissemination    Mailing Address   Date of Public Distribution/Dissemination    Mailing Address   Date of Disbursement or Obligation		Full Name of Payee	Date of Public Distribution/Dissemination				
City State Zip Code Washington DC 20036  Purpose of Expenditure Staff time - online advocacy  Name of Federal Candidate  Donald J. Trump  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code  Mailing Address  Category/ Type  Date of Disbursement or Obligation  Full Name of Payee  Date of Disbursement or Obligation  Purpose of Expenditure  City State Zip Code  Date of Disbursement or Obligation  Date of		Human Rights Campaign					
Vashington   DC   20036   Transaction ID : D630033   Date of Disbursement or Obligation   Purposa of Expenditure   Stattume - online advocacy   Type   Transaction ID : D630033   Date of Disbursement or Obligation   Purposa of Expenditure   Support   Office Sought   House   District:   D0   D000000000000000000000000000000		Mailing Address 1640 Rhode Island Ave NW	Amount				
Vashington   DC   20036   Transaction ID : D630033   Date of Disbursement or Obligation   Purposa of Expenditure   Stattume - online advocacy   Type   Transaction ID : D630033   Date of Disbursement or Obligation   Purposa of Expenditure   Support   Office Sought   House   District:   D0   D000000000000000000000000000000		City State Zip Code	2323.08				
Staff time - online advocacy  Name of Federal Candidate  Donald J. Trump    Calendar Year-To-Date   Purpose of Expenditure   Purpose of Expenditure   Support   Senate   State   President   Senate   State		Washington DC 20036	Transaction ID : D630033				
Donald J. Trump    Support   Process or State   Popose		Staff time - online advocacy	07 18 2016				
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee    Date of Public Distribution/Dissemination   Mailing Address		Name of Federal Candidate Support Office	ce Sought: House District: 00				
Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Dissemination  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Oppose  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date President  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date		Donald J. Trump Oppose	President Senate State:				
Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Dissemination  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Oppose  President  Senate  State:  Disbursement For:  Primary  General  Per Election for Office Sought  Other (specify) ▶   (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mr. James Ringfierd  Date of Disbursement or Obligation  President  Senate  State:  Primary  General  Other (specify) ▶  15213.86		Calendar Year-To-Date Dist	pursement For: Primary X General				
Full Name of Payee    Date of Public Distribution/Dissemination   Mailing Address							
Mailing Address  Amount  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support Oppose President Senate State:  Calendar Year-To-Date Per Election for Office Sought  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mr. James Rinefierd  [Electronically Filed] Date  OT  Date  D		Full Name of Payee	Date of Public Distribution/Dissemination				
City State Zip Code    Purpose of Expenditure			M M / D D / Y Y Y Y				
City State Zip Code    Purpose of Expenditure		Mailing Address					
Purpose of Expenditure    Category/   Type			Amount				
Purpose of Expenditure    Category/ Type		City State Zip Code					
Purpose of Expenditure    Category/ Type			Date of Dichurcoment or Obligation				
Name of Federal Candidate  Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary General Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures.  (b) SUBTOTAL of Unitemized Independent Expenditures.  (c) TOTAL Independent Expenditures.  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mr. James Rinefierd  [Electronically Filed] Date  Type  Office Sought: House District: Disbursement For: Primary General Other (specify)  Type  Other (specify)  Disbursement For: Primary General Disbursement For: Primary General Tother (specify)  Date Tother (specify)		Purpose of Expenditure Category/	Man / Dab / Yayayay				
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures							
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Office	ce Sought: House District:				
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures							
(a) SUBTOTAL of Itemized Independent Expenditures							
(a) SUBTOTAL of Itemized Independent Expenditures							
(c) TOTAL Independent Expenditures		(a) SUBTOTAL of Itemized Independent Expenditures	2323.08				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mr. James Rinefierd  [Electronically Filed]  Date  Date	(b) SUBTOTAL of Unitemized Independent Expenditures						
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mr. James Rinefierd  [Electronically Filed]  Date    Date		(c) TOTAL Independent Expenditures	15213.86				
[Electronically Filed] Date 07 20 2016		with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political					
		[E1 - 4 2 11 - E2 - 31					

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